

**FORT LEAVENWORTH TAX CENTER  
TAX YEAR 2006 CLIENT QUESTIONNAIRE**

**PLEASE READ THE FOLLOWING BEFORE SIGNING THE PRIVACY ACT STATEMENT  
AND ANSWERING THE QUESTIONNAIRE.**

1. Welcome! We are here to provide you timely, accurate, courteous, and **free** tax preparation services.
2. Service Eligibility: The Fort Leavenworth Tax Center participates in the Military Volunteer Income Tax Assistance (M-VITA) program. M-VITA is co-sponsored by the IRS and the Department of Defense and provides free tax assistance and preparation to all eligible Legal Assistance beneficiaries. Eligible beneficiaries normally include active duty, activated Reserve Component, retired military and family members of each category (for more details, refer to AR 27-3, Chapter 2-5). We welcome all ranks and income levels.
3. It is Your Return: Whether prepared by yourself, friends, commercially, or with free public assistance, the content of your tax return is ultimately your responsibility. Please view M-VITA as tax assistance – not tax advice you could receive from a paid expert. Review your return and sign only if you are confident in the content and positions taken in it.
4. Electronic Filing: To reduce administrative burdens, our policy is to electronically file all eligible federal and state returns. If you do not desire to e-file your return, notify your preparer. In such cases, your preparer will give you one copy of the return with mailing addresses. It is your responsibility as the taxpayer to mail the correct forms and attachments to the appropriate tax jurisdiction.
5. Records Retention: By signing the Privacy Act Statement below, you
  - authorize the retention of this questionnaire to help with the processing of your tax return
  - authorize the retention of your electronic tax return information for subsequent return preparation
  - authorize the retention of your name, address, and telephone number for the purpose of future contact concerning your tax return and/or our services that may be of value to you

You may opt out of these retention procedures by sending a written request to: Chief of Legal Assistance, Office of the Staff Judge Advocate, 415 Custer Ave, Fort Leavenworth, KS 66027.

In either event, information retained will not be shared with any unauthorized persons and will not be sold, given away or used for commercial purposes. Hardcopy information will be retained in accordance with IRS directions and properly disposed of when no longer needed. Please maintain your copy of the tax return in a safe place.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974  
PRIVACY ACT STATEMENT (5 USC 522a)**

**AUTHORITY:** 10 USC 3013, AR 340-18-4.

**PRINCIPAL PURPOSES:** To assist in preparation of federal/state income tax returns.

**ROUTINE USES:** To provide the basic information necessary to prepare the client's federal/state income tax return.

**DISCLOSURE:** Voluntary disclosure. Nondisclosure precludes preparation and filing of the federal/state income tax return.

**Date:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**For tax assistance, you (and spouse) will need:**

- Active duty, retired, and/or family member ID Card (activation orders for RC)
- Copies of all W2, 1098, and 1099 forms
- SSN or ITIN for all individuals to be listed on the return (copy of Social Security card preferred but not required)
- Form 8332 or divorce decree releasing exemption
- Prior year federal & state return if available
- Child care provider's identification number
- Voided check or myPay account information for Direct Deposit
- Estimated tax payments made
- Amounts of other income, adjustments, and deductions
- Power of Attorney if spouse is not available
- This completed questionnaire

Taxpayer \_\_\_\_\_ Rank \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 First M.I. Last

**SSN** \_\_\_\_\_ **-** \_\_\_\_\_ **-** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **State of Legal Residency:** \_\_\_\_\_

Spouse \_\_\_\_\_ Rank \_\_\_\_\_ Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                     First                      M.I.                      Last

**SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Occupation** \_\_\_\_\_ **State of Legal Residency:** \_\_\_\_\_

**Are your names as listed on your SS cards?**    ☐ Yes    ☐ No

If no, please explain:

**Important:** Can your parents or someone else claim you (or spouse) as a dependent on his or her tax return? ☐ Yes ☐ No

**Current Mailing Address:**

| Number and street | City | State | Zip |
|-------------------|------|-------|-----|
|-------------------|------|-------|-----|

UNIT \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Check if US citizen or resident alien all year: ☐ Taxpayer ☐ Spouse

Check if lived in US for more than 6 months (or on active duty orders outside the country):

☐ Taxpayer ☐ Spouse

Check if legally blind: ☐ Taxpayer ☐ Spouse

Check if Permanently Disabled: ☐ Taxpayer ☐ Spouse

As of December 31, 2006 were you? ☐ Single ☐ Legally Married ☐ Divorced ☐ Widow

If married, did you live with your spouse at anytime during the last 6 months of year? ☐ Yes ☐ No

Is your spouse deceased? ☐ Yes ☐ No If yes, date spouse died \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you provide more than half the cost of keeping up a home for the year? ☐ Yes ☐ No

## Family and Dependent Information

List family members that lived in the home and anyone outside your home that you or your spouse supported during 2006. Do not include yourself or spouse. **Name(s) must match Social Security Card.**

| Name | Date of Birth | SSN | Relationship to you (son, daughter, etc.) | # of Months lived with you in 2006* | Did member provide more than 50% of their own support? | Did you provide more than 50% of their support? | Is person qualifying child of another person? |
|------|---------------|-----|---|-------------------------------------|--|---|---|
|      |               |     |   |                                     |  |   |   |
|      |               |     |   |                                     |  |   |   |
|      |               |     |   |                                     |  |   |   |
|      |               |     |   |                                     |  |   |   |
|      |               |     |   |                                     |  |   |   |

Of the above, list:

Fulltime students (if over age 18) \_\_\_\_\_

Permanently and totally disabled \_\_\_\_\_

Gross Income above \$3300 \_\_\_\_\_

Non US citizens or residents \_\_\_\_\_

Has the Earned Income Credit (EIC) been disallowed by the IRS? ☐ Yes ☐ No

Can someone other than you use your child to claim the EIC? ☐ Yes ☐ No

**Special rules for parents who are divorced or legally separated** or lived apart at all times during the last 6 months of the year. If the child lived in your home for less than half of the calendar year:

- Did one or both parents provide over half of the child's total support? ☐ Yes ☐ No
- Is the child in custody of one or both parents for more than half of the year? ☐ Yes ☐ No
- Did the custodial parent sign the Form 8332 or similar statement releasing the exemption? ☐ Yes ☐ No

## Dependent Care Expenses

Did you or your spouse pay any childcare expenses that allowed you to work? If yes, list each child below.

| Child's Name | Provider's Name & Address | SSN or Fed EIN # | Amount |
|--------------|---------------------------|------------------|--------|
|              |                           |                  |        |
|              |                           |                  |        |
|              |                           |                  |        |

## Income

Please list **all states** (and dates of presence) in which income was earned by taxpayer or spouse:

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Dates: \_\_\_\_\_ Dates: \_\_\_\_\_

Please check all boxes that apply.

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Wages                              | <input type="checkbox"/> DITY Move W2                  | <input type="checkbox"/> Income not reported on W-2     |
| <input type="checkbox"/> Interest                           | <input type="checkbox"/> Dividends                     | <input type="checkbox"/> Unemployment Payments          |
| <input type="checkbox"/> Sale of Stock, Bonds, Mutual Funds | <input type="checkbox"/> Cost basis of investment sale | <input type="checkbox"/> State refund from 2005         |
| <input type="checkbox"/> Pension or Annuity                 | <input type="checkbox"/> Social Security Payments      | <input type="checkbox"/> IRA or retirement distribution |
| <input type="checkbox"/> Paid Alimony \$ _____              | <input type="checkbox"/> Rental Property               | <input type="checkbox"/> Partnerships, S Corp, Trusts   |
| <input type="checkbox"/> Home Business/Self Employment      | <input type="checkbox"/> Gambling Winnings (W-2G)      | <input type="checkbox"/> Farm Income                    |

Did you itemize deductions in 2005 and also receive a State tax refund? ☐ Yes ☐ No

If yes, circle which you itemized: State Income taxes or General Sales taxes

Did any of your dependent children receive 1099INTs, 1099DIVs, and/or 1099MISCs (for Alaska Permanent Fund dividends) listing in total, over \$850 in income? ☐ Yes ☐ No

If yes, for children under age 18, do you wish to report it on your own return? ☐ Yes ☐ No

Did any of your dependent children receive a 1099B? ☐ Yes ☐ No

## Adjustments and Deductions

Please check all boxes that apply.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Traditional IRA \$ _____       | <input type="checkbox"/> Roth IRA \$ _____          | <input type="checkbox"/> Reservist Expenses             |
| <input type="checkbox"/> Student Loan Interest          | <input type="checkbox"/> Tuition and Fees           | <input type="checkbox"/> Educator Expenses              |
| <input type="checkbox"/> Pension, 401K, Keogh, KPERS    | <input type="checkbox"/> Non-reimbursed Moving Exp. | <input type="checkbox"/> Self Employment Tax            |
| <input type="checkbox"/> Alimony Received \$ _____      | <input type="checkbox"/> Medical Savings Account    | <input type="checkbox"/> Loss due to flood/ fire/ theft |
| <input type="checkbox"/> Home Mortgage Interest Paid    | <input type="checkbox"/> Real Estate Taxes Paid     | <input type="checkbox"/> Personal Property Taxes        |
| <input type="checkbox"/> Charitable Contributions       | <input type="checkbox"/> Medical Expenses           | <input type="checkbox"/> Non-reimbursed Job Exp.        |
| <input type="checkbox"/> Home used for Business Purpose | <input type="checkbox"/> Child Adoption Expenses    | <input type="checkbox"/> Paid Foreign Income Taxes      |

### New for 2006 Only – Federal Long Distance Telephone Excise Tax Refund!

Did you make and pay for long any long distance phone calls between Feb 28, 2003 and Aug 1, 2006?

☐ Yes ☐ No (applies to regular long distance or bundled land line and cell phone, not prepaid calling cards)

If yes, you have two options to claim your refund, check the box indicating your preference:

- ☐ IRS Allowance based on return exemptions (\$30 for 1, \$40 for 2, \$50 for 3, & \$60 for 4 or more)
- ☐ Claim refund of actual taxes paid. Complete IRS Form 8913 columns b & c indicating the actual long distance tax paid per quarter between 2/28/03 – 8/1/06 and bring to your appointment. If you are a dependent listed on someone else's return, this is your only option. This method requires a detailed review of all applicable phone bills during the refund period. Consult [www.irs.gov](http://www.irs.gov) (keyword Telephone Tax Refund) for more details.

We recommend direct deposit for all Federal and State refunds. Please attach proof of account.



ATTACH VOIDED CHECK

OR

“MYPAY” DIRECT DEPOSIT PRINTOUT